

## City of Rockford, Illinois

Public Works Department  
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*Timothy Hanson*  
*Director*  
*Public Works Department*

### DROP BOX APPLICATION

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CONTACT AGENT: \_\_\_\_\_

NUMBER OF DROP BOXES APPLYING FOR: \_\_\_\_\_

AMOUNT DUE (\$30.00 each): \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

COVERAGE AMOUNT: \_\_\_\_\_

PLEASE ATTATCH A LIST OF THE LOCATIONS WHERE YOU WISH TO PLACE DROP BOXES, AND YOUR CERTIFICATE OF INSURANCE. ANY DROP BOX NOT PERMITTED WILL BE REMOVED AND BECOME POPERTY OF THE CITY OF ROCKFORD.

IF AT ANY TIME THERE IS A NEED TO RELOCATE A DROP BOX, THE DEPARTMENT OF PUBLIC WORKS MUST BE NOTIFIED BY LETTER PRIOR TO THE RELOCATION FOR APPROVAL.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_